

**THE KENTUCKY BOARD OF LICENSURE
FOR PRIVATE INVESTIGATORS**

PO BOX 1360
FRANKFORT, KY 40602
502-564-3296
EXT 223
<http://finance.ky.gov/bpi>

PI INDIVIDUAL LICENSE RENEWAL FORM

(Name)

(Address)

(City, State, ZIP)

Social Security Number _____

Your Private Investigator _____ expires on June 30, 2008.

In accordance with KRS 329A.045 and 201KAR 41:060 Renewal and reinstatement procedures, you are required to renew your license every two (2) years with the submission of this form, one (1) passport-type photograph, Provide proof of insurance and a renewal fee of \$250.00 by check or money order made payable to the **Kentucky State Treasurer. DO NOT SEND CASH.** The fee for renewals received during the 60 day grace period is a total of \$500.00 as set forth in 201 KAR 41:040. Licenses not renewed by the end of the grace period will be terminated and you must immediately CEASE AND DESIST, from the practice of private investigation. The reinstatement fee is a total of \$750.00.

PLEASE COMPLETE THE FOLLOWING:

1. Note changes in **Mailing Address** if different from above:

Name: _____

Address: _____

2. Present Business Address: (Only if different from mailing address)

3. Home Phone () _____ Business Phone () _____

4. License Number _____

5. Have you been convicted of a felony or misdemeanor since the last renewal of your license? () No () Yes

If yes, what offense and give details _____

6. Has your license to be a Private Investigator in this or any other state been denied or subject to disciplinary action?

() No () Yes. If yes, give details _____

7. Insurance expiration date _____

8. **Continuing Education:** For this renewal period, you are required to have completed twelve (12) Continuing Education hours in or related to the field of Private Investigation. Note Pursuant to 201 KAR 41.070 Section 2, a minimum of twelve (12) continuing education hours shall be accrued by each person holding licensure during the two (2) year licensure period for renewal. Six (6) hours shall be acquired each year of the licensure period.

Course Title	Name of Provider	Name of Sponsor	Date(s) Attended	# of CEUs

TOTAL NUMBER OF CEU'S _____

LICENSEE AFFIDAVIT

I, the licensee named in the above, do certify under penalty of law that the information contained herein is true, correct, and complete to the best of my knowledge and belief. I am aware that, should investigation at any time disclose any such misrepresentation or falsification, my license could be subject to disciplinary action by the Kentucky Board of Licensure for Private Investigators.

I have completed _____ hours of continuing education since my last renewal. I understand that, at the Board's request, I may be asked to submit information that supports this statement.

Date _____ Licensee's Signature _____
(Sign your name - Do not print or type)

DO NOT WRITE BELOW THIS LINE -- FOR BOARD AND OFFICE USE ONLY

Application Approved [] Application Denied [] Defer []

By: _____ Date: _____
(Signature)